MULTIPLE DE NOENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

SERIAL NO.

FILING DATE

		T						`		J - U	,-	0	(
]				AS	FII	LED	1	A	\F	TER	T	AF	TER
]				IND.	T	DEP.	†	IND	_	DEP.		VD.	ENDMENT
-		51	\perp		I		1		_	- 31.	╁~"	VD.	DEP.
1	ł	52 53	+		\perp		L				1		
1	ŀ	<u>53</u> 54	- -		╀		1-		4				
ĺ	- 1	55	+		╁		1-		4				
		56	1		-		┞		+				
	L	57	T						+			-+	
	-	58	1_						†				
	+	59 60	-						I			-	
	1	61 .	╁						L				
	Γ	62	1-			-			\vdash				
		63			_	-1			<u> </u>				
	1	64							_				
	-	65				\Box			_			1	
		66 67		-					_			1	
		68		-				-	_				
		69		-				\dashv	_			4_	
J		70			_	1	_	+	-			┦—	
H		$\frac{71}{2}$				\perp						1	
- 1		3	_					\perp	_				
1	7				_	-			_				
	7:			1		1-			-				
-	_ 70							1	_				-
-	77			- -		1_	_	I	_				-
1	79			-		1_	_	4	_				
	80			-		1-		-	_	-			4
	81				- ·	1		+-		-	\dashv		\dashv
1-	82	-			_				_		-		-
-	83 84	-		┦		 		_					-
	85	+-		┼	-			├—	_				7
	86	1		1-	-			├—	_				
	87						_		_	1			
	88	-									+		7
	89 90				4				_		1]
	91	1-			+		\dashv		_	 	- -		4
)2				7		7		-	 			4
	3		\Box		1		\exists		_		+		1
9	4	 	-4		4		1		_				1
9	_	-	\dashv		╂		+		4		-		1
9			\dashv		╁		╁		\dashv		┼—		ł
98			\perp				T		1		1		
99	_		4				I]				
100			+-		-		┞-		1				
TOTAL	D.CD.			•	L			1	L		1	4	
OTALE	_		15				▼				+		
TOTAL													
			U.S.	DEPART	ren de	Ter CO	10	CERCE		u.	•		
-					_		-						

*TO-1949 (REV. 1149)

CLADGE